



1.) I wish to be considered for
 May Intake November Intake Please check

2.) I wish to be contacted by the school so that I may make arrangements to write the entry test in my community.
 Yes No Please check

APPLICATION FOR ADMISSION

Date: _____

A) Applicant information (Please print):

Social Insurance Number (optional) _____ Last Name _____ First Name _____ Middle Name _____

Address: _____
Number Street Apt. City Province Postal Code

Your E-mail Address: _____

Home Phone (____) _____ Work Phone (____) _____ ext: _____

Date of Birth: ____/____/____ DD MM YY Place of birth: _____

Status in Canada: Canadian Citizen Landed Immigrant

Are you a resident of Ontario? Yes No If yes, how long? _____

Are you employed? Yes No Do you have finances available for your education? Yes No

Do you plan to work while attending school? Yes No

Present housing information: Rent Own home Board Live with parents

The following information is requested for statistical purposes and is not used in the admissions process (optional):

Gender: Male Female Marital Status: Single Married Common-Law Separated Divorced

Do you have children? Yes No How many? _____

B) Enrolment and Educational Information (Please print):

Have you previously applied to CADH? Yes No If yes, when? _____

Have you previously enrolled at CADH? Yes No If yes, when? _____

High School Attended:

Name: _____

Address: _____
Number Street Apt. City Province Postal Code

<i>Have you taken:</i>	Yes*	No
Grade 12 University or College Preparation English	<input type="checkbox"/>	<input type="checkbox"/>
Grade 12 University Preparation Biology OR Grade 11 College Preparation Biology	<input type="checkbox"/>	<input type="checkbox"/>
Grade 12 College Preparation Chemistry	<input type="checkbox"/>	<input type="checkbox"/>

*Official documentation must be provided

Date of graduation or anticipated graduation: _____

Post Secondary Education:

Please provide the name and location of **all colleges and universities** attended prior to application at CADH, including dates of attendance and degrees expected or earned (attach separate sheet if necessary).

<i>Name of School</i>	<i>Location</i>	<i>Dates attended</i>	<i>Degree earned/anticipated</i>

C) References (Please print):

Please provide two individuals we may contact as references:

Name: _____

Address: _____
Number Street Apt. City Province Postal Code Phone Number

Occupation: _____ Number of years known: _____

Name: _____

Address: _____
Number Street Apt. City Province Postal Code Phone Number

Occupation: _____ Number of years known: _____

D) Essay submission (Please print):

Essay Question: Why have you chosen to pursue a career in dental hygiene? Please discuss with reference to your long and short-term goals and motivational reasons. Essays are to be approximately 500 words in length (no more than this please) and typed. Please attach the essay on a separate sheet and submit it along with the application form.

Please read carefully:

I certify that the information on this application is accurate and complete, and I understand that all required credentials must be submitted before an admissions decision will be made. I understand that it is my responsibility to ensure all supporting documentation has been submitted to the school. I authorize CADH to maintain all my records and understand that these records that have been received by CADH in support of my application will become the property of CADH and may not be reproduced or returned.

Date

Applicant's Signature